



# House of Representatives

General Assembly

**File No. 428**

January Session, 2005

Substitute House Bill No. 5798

*House of Representatives, April 19, 2005*

The Committee on Public Health reported through REP. SAYERS of the 60th Dist., Chairperson of the Committee on the part of the House, that the substitute bill ought to pass.

## **AN ACT PROHIBITING THE DENIAL OF MEDICAL SERVICES DUE TO BILLING DISPUTES.**

Be it enacted by the Senate and House of Representatives in General Assembly convened:

- 1      Section 1. (NEW) (*Effective October 1, 2005*) No health care provider  
2      shall deny health care services to a patient due to a billing discrepancy  
3      or dispute between the health care provider and the patient's health  
4      insurer while such discrepancy or dispute is under review in  
5      accordance with established internal or external review procedures.  
6      For purposes of this section, "health care provider" has the same  
7      meaning as provided in section 19a-17b of the general statutes and  
8      "health care services" has the same meaning as provided in section 38a-  
9      479aa of the general statutes.

This act shall take effect as follows and shall amend the following sections:

Section 1	<i>October 1, 2005</i>	New section
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**PH**      *Joint Favorable Subst.*

The following fiscal impact statement and bill analysis are prepared for the benefit of members of the General Assembly, solely for the purpose of information, summarization, and explanation, and do not represent the intent of the General Assembly or either House thereof for any purpose:

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**OFA Fiscal Note**

**State Impact:** None

**Municipal Impact:** None

**Explanation**

The bill prohibits a health care provider from denying health care services to a patient because of a billing discrepancy. The bill has no fiscal impact.

**OLR Bill Analysis**

sHB 5798

***AN ACT PROHIBITING THE DENIAL OF MEDICAL SERVICES DUE TO BILLING DISPUTES*****SUMMARY:**

This bill prohibits a health care provider from denying health care services to a patient because of a billing discrepancy or dispute between the provider and the patient's health insurer while the issue is under internal or external review (presumably the managed care review procedures in state law).

A "health care provider" is any person, corporation, limited liability company, facility, or institution operated, owned, or licensed by the state to provide health care or professional services. It also includes an officer, employee, or agent of the above acting in the course and scope of his employment.

"Health care services" are health care-related services or products rendered or sold within the scope of the provider's license or legal authorization and includes hospital, medical, surgical, dental, vision, and pharmaceutical services or products.

EFFECTIVE DATE: October 1, 2005

**COMMITTEE ACTION**

Public Health Committee

Joint Favorable Substitute

Yea 24      Nay 1